

UNITED STATES BANKRUPTCY COURT
DISTRICT OF N.J.

In re Mark Engel

Case No. 19-20646-MBK
Reporting Period: OCT 2019

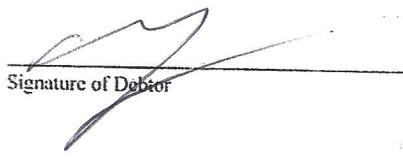
MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached	Affidavit/Supplement Attached
Schedule of Cash Receipts and Disbursements	MOR-1	✓		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a	✓		
Schedule of Professional Fees Paid	MOR-1b			
Copies of bank statements		✓		
Cash disbursements journals				
Statement of Operations	MOR-2			
Balance Sheet	MOR-3			
Status of Postpetition Taxes	MOR-4			
Copies of IRS Form 6123 or payment receipt				
Copies of tax returns filed during reporting period				
Summary of Unpaid Postpetition Debts	MOR-4			
Listing of aged accounts payable	MOR-4			
Accounts Receivable Reconciliation and Aging	MOR-5			
Debtor Questionnaire	MOR-5			

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.


Signature of Debtor

Nov. 20, 2019

Date

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

MARK ENGEL
Printed Name of Authorized Individual

Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

INDIVIDUAL DEBTOR CASH RECEIPTS AND CASH DISBURSEMENTS

(This Form must be submitted for each Bank Account maintained by the Debtor)

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. Attach the bank statements and a detailed list of all disbursements made during the report period that includes the date, the check number, the payee, the transaction description, and the amount. A bank reconciliation must be attached for each account. (See MOR-1 (INDV) (CONT))

	Current Month Actual	Cumulative Filing to Date Actual
Cash - Beginning of Month	154.84	
RECEIPTS		
Wages (Net)	1948.00	
Interest and Dividend Income		
Alimony and Child Support		
Social Security and Pension Income		
Sale of Assets		
Other Income (attach schedule)		
Total Receipts		
DISBURSEMENTS		
ORDINARY ITEMS:		
Mortgage Payment(s)		
Rental Payment(s)		
Other Secured Note Payments		
Utilities	229.01	
Insurance		
Auto Expense		
Lease Payments		
IRA Contributions		
Repairs and Maintenance		
Medical Expenses		
Household Expenses	813.00	
Charitable Contributions	711.99	
Alimony and Child Support Payments		
Taxes - Real Estate		
Taxes - Personal Property		
Taxes - Other (attach schedule)		
Travel and Entertainment	145.50	
Gifts		
Other (attach schedule)		
Total Ordinary Disbursements	1902.00	
REORGANIZATION ITEMS:		
Professional Fees		
U. S. Trustee Fees	0	
Other Reorganization Expenses (attach schedule)		
Total Reorganization Items		
Total Disbursements (Ordinary + Reorganization)	1902.00	
Net Cash Flow (Total Receipts - Total Disbursements)		
Cash - End of Month (Must equal reconciled bank statement)	-108.84	



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STATEMENT OF ACCOUNT

7156-FTD01040110919411729

MARK B ENGEL
PERSONAL BANKRUPTCY
CASE 19 20646
40 STEVEN LN
LAKEWOOD NJ 08701-1545

Page: 1 of 3
Statement Period: Oct 11 2019-Nov 10 2019
Cust Ref #: 4363143854-630-T-###
Primary Account #: 436-3143854

7156-12-000000

TD Convenience Checking

MARK B ENGEL
PERSONAL BANKRUPTCY
CASE 19 20646

Account # 436-3143854

ACCOUNT SUMMARY

Beginning Balance	1,117.54	Average Collected Balance	1,262.78
Deposits	1,100.00	Interest Earned This Period	0.00
Electronic Deposits	848.00	Interest Paid Year-to-Date	0.00
		Annual Percentage Yield Earned	0.00%
Electronic Payments	1,574.59	Days in Period	31
Service Charges	1.00		
Ending Balance	1,489.95		

DAILY ACCOUNT ACTIVITY

Deposits

POSTING DATE	DESCRIPTION	AMOUNT
11/07	DEPOSIT	1,100.00
		Subtotal: 1,100.00

Electronic Deposits

POSTING DATE	DESCRIPTION	AMOUNT
10/23	ACH DEPOSIT, IRS TREAS 310 TAX REF ****82811200908	848.00
		Subtotal: 848.00

Electronic Payments

POSTING DATE	DESCRIPTION	AMOUNT
10/15	DEBIT CARD PURCHASE, ****30052254091, AUT 101319 VISA DDA PUR TOYS 4 U LAKWOOD * NJ	49.63
10/21	DEBIT CARD PURCHASE, ****30052254091, AUT 101819 VISA DDA PUR GOURMET GLATT LAKWOOD LAKWOOD * NJ	18.98
10/28	DEBIT CARD PURCHASE, ****30052254091, AUT 102519 VISA DDA PUR BANKERS FIDELITY LIFE IN 866 458 7500 * GA	57.86
10/31	DEBIT CARD PURCHASE, ****30052254091, AUT 103019 VISA DDA PUR CMS MEDICARE INSURANCE 800 633 4227 * MD	813.00
11/01	DEBIT CARD PURCHASE, ****30052254091, AUT 103119 VISA DDA PUR EATONTOWN BOROUGH MUNICI EGOV COM * KS	40.17
11/04	DEBIT CARD PURCHASE, ****30052254091, AUT 103119 VISA DDA PUR NPGS II LAKWOOD * NJ	70.06
11/05	ELECTRONIC PMT-WEB, NJ NATURALGAS EBILL ****8198110219	121.29

Call 1-800-937-2000 for 24-hour Bank-by-Phone services or connect to www.tdbank.com

How to Balance your Account

Page:

2 of 3

Begin by adjusting your account register as follows:

- Subtract any services charges shown on this statement.
- Subtract any automatic payments, transfers or other electronic withdrawals not previously recorded.
- Add any interest earned if you have an interest-bearing account.
- Add any automatic deposit or overdraft line of credit.
- Review all withdrawals shown on this statement and check them off in your account register.
- Follow instructions 2-5 to verify your ending account balance.

1. Your ending balance shown on this statement is:
2. List below the amount of deposits or credit transfers which do not appear on this statement. Total the deposits and enter on Line 2.
3. Subtotal by adding lines 1 and 2.
4. List below the total amount of withdrawals that do not appear on this statement. Total the withdrawals and enter on Line 4.
5. Subtract Line 4 from 3. This adjusted balance should equal your account balance.

2 DEPOSITS NOT ON STATEMENT	DOLLARS	CENTS
Total Deposits		

**FOR CONSUMER ACCOUNTS ONLY — IN CASE OF ERRORS OR
QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS:**

If you need information about an electronic fund transfer or if you believe there is an error on your bank statement or receipt relating to an electronic fund transfer, telephone the bank immediately at the phone number listed on the front of your statement or write to:

**TD Bank, N.A., Deposit Operations Dept, P.O. Box 1377, Lewiston,
Maine 04243-1377**

We must hear from you no later than sixty (60) calendar days after we sent you the first statement upon which the error or problem first appeared. When contacting the Bank, please explain as clearly as you can why you believe there is an error or why more information is needed. Please include:

- Your name and account number.
- A description of the error or transaction you are unsure about.
- The dollar amount and date of the suspected error.

When making a verbal inquiry, the Bank may ask that you send us your complaint in writing within ten (10) business days after the first telephone call.

We will investigate your complaint and will correct any error promptly. If we take more than ten (10) business days to do this, we will credit your account for the amount you think is in error, so that you have the use of the money during the time it takes to complete our investigation.

INTEREST NOTICE

Total interest credited by the Bank to you this year will be reported by the Bank to the Internal Revenue Service and State tax authorities. The amount to be reported will be reported separately to you by the Bank.

FOR CONSUMER LOAN ACCOUNTS ONLY — BILLING RIGHTS SUMMARY

In case of Errors or Questions About Your Bill:

If you think your bill is wrong, or if you need more information about a transaction on your bill, write us at P.O. Box 1377, Lewiston, Maine 04243-1377 as soon as possible. We must hear from you no later than sixty (60) days after we sent you the FIRST bill on which the error or problem appeared. You can telephone us, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question.

FINANCE CHARGES: Although the Bank uses the Daily Balance method to calculate the finance charge on your Moneyline/Overdraft Protection account (the term "ODP" or "OD" refers to Overdraft Protection), the Bank discloses the Average Daily Balance on the periodic statement as an easier method for you to calculate the finance charge. The finance charge begins to accrue on the date advances and other debits are posted to your account and will continue until the balance has been paid in full. To compute the finance charge, multiply the Average Daily Balance times the Days in Period times the Daily Periodic Rate (as listed in the Account Summary section on the front of the statement). The Average Daily Balance is calculated by adding the balance for each day of the billing cycle, then dividing the total balance by the number of Days in the Billing Cycle. The daily balance is the balance for the day after advances have been added and payments or credits have been subtracted plus or minus any other adjustments that might have occurred that day. There is no grace period during which no finance charge accrues. Finance charge adjustments are included in your total finance charge.



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STATEMENT OF ACCOUNT

MARK B ENGEL
PERSONAL BANKRUPTCY
CASE 19 20646

Page: 3 of 3
Statement Period: Oct 11 2019-Nov 10 2019
Cust Ref #: 4363143854-630-T-###
Primary Account #: 436-3143854

715622-2-00000

DAILY ACCOUNT ACTIVITY

Electronic Payments (continued)

POSTING DATE	DESCRIPTION	AMOUNT
11/05	ACH DEBIT, FIRSTENERGY OPCO FE ECHECK ****10705025	229.01
11/08	DEBIT CARD PURCHASE, ****30052254091, AUT 110619 VISA DDA PUR NPGS JACKSON JACKSON * NJ	82.36
11/08	DEBIT CARD PURCHASE, ****30052254091, AUT 110619 VISA DDA PUR ALDI 60035 HOWELL * NJ	92.23
Subtotal:		1,574.59

Service Charges

POSTING DATE	DESCRIPTION	AMOUNT
11/08	PAPER STATEMENT FEE	1.00
Subtotal:		1.00

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE
10/10	1,117.54	11/01	985.90
10/15	1,067.91	11/04	915.84
10/21	1,048.93	11/05	565.54
10/23	1,896.93	11/07	1,665.54
10/28	1,839.07	11/08	1,489.95
10/31	1,026.07		

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